

# VOLUNTEER REGISTRATION RECORD

## ONGOING VOLUNTEERS

Michigan Department of Human Services

### PERSONAL DATA:

Volunteer Name (Last, First, Middle Name)				E-mail address		
Birth Date		Social Security Number		List below all minor children in your home for whom you are legally responsible. (Required for requested reimbursement of day care expenses)		
Home Address (Street Number and Name, Rural Route, PO Box No.)						
City		State	Zip	Child's Name	D.O.B.	Verified "X"
Home Telephone Number (     )		Cell Phone Number (     )				
Previous or Other Names Used:						
How many hours do you wish to work per month?						
Do you have a valid Michigan Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number		Do you have use of a motor vehicle? (If required in the performance of your job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person To Notify in case of emergency:				Phone Number (     )		

**Yes   No   If yes, please explain**

- ☐ ☐ Have you been identified as a perpetrator of child abuse or neglect? \_\_\_\_\_
- ☐ ☐ Have you been convicted of a felony? \_\_\_\_\_
- ☐ ☐ Have you been convicted of a misdemeanor? \_\_\_\_\_
- ☐ ☐ Do you have a felony charge pending? \_\_\_\_\_
- ☐ ☐ Have you received any moving traffic violations? \_\_\_\_\_

Do you require reasonable accommodations in order to perform volunteer services? ☐ No     ☐ Yes (Please Explain)

Describe the type of volunteer work desired.

### ENTER DAYS AND HOURS AVAILABLE BELOW

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings							
Afternoons							
Evenings							

### INTEREST AND SKILLS:

My skills and interests include:
I like to work with:
Things I prefer not to do:
I would like to learn more about:
I want to volunteer because:

List organizations you belong to:

How did you hear about the DHS volunteer program?

### EMPLOYMENT / VOLUNTEER HISTORY:

Paid Position: (Name, address and phone of current or most recent employer:

If currently employed, may I contact you at work? ☐ Yes ☐ No

Describe Volunteer experiences:

Have you ever been employed by or volunteered for the State of Michigan?  
☐ No ☐ Yes - employed ☐ Yes - volunteered  
 If yes, give department / agency and date(s)

Do I have your permission to contact your employer or volunteer organization? ☐ Yes ☐ No

### EDUCATION AND TRAINING:

High School Diploma or GED:  
 Highest grade completed: ☐ Yes ☐ No If yes, year received:

Describe Education or Training beyond High School:

### REFERENCES: Do not include the names of family relatives

Name	Relationship	Complete Mailing Address	Phone Number	Date Verified
			( )	
			( )	
			( )	

You have my permission to contact references, and to do a criminal record check, a Children's Protective Services record check and a Secretary of State driving record check. ☐ Yes ☐ No

I authorize the use of my name and photograph/video tapes for publicity purposes. ☐ Yes ☐ No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

### OFFICE USE ONLY

	Bridges Search completed _____ Date _____ Results _____	Public Sex Offender Registry (PSOR) completed _____ Date _____ Results _____
Criminal record check completed  Date _____ Results _____	Children's protective services record check completed  Date _____ Results _____	Volunteer will not be transporting clients <input type="checkbox"/> Secretary of State driving record check completed  Date _____ Results _____
Copy of Driver's license on file	Copy of Proof of insurance on file	Copy of vehicle registration on file

Placement Notes:

**NOTE: All background checks must be completed to register the volunteer and then annually thereafter.**

AUTHORITY: P.A. 280 of 1939 RESPONSE: Voluntary PENALTY: May not be accepted as a volunteer.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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